

HEALTH Successfully Responds to 2004-2005 Flu Vaccine Shortage

Rhode Island Flu Vaccine Update: February 15, 2005

Influenza vaccine crisis avoided!

Rhode Island received more than 230,000 doses of vaccine this flu season, reaching everyone who needed vaccine. The Ocean State Adult Immunization Coalition offered more than 120 public clinics and there are still a few flu clinics scheduled in the community. As of early February, anyone could receive a flu shot. Flu infections in Rhode Island, while widespread, are below average.

Rhode Island successfully handled what began as a public crisis when, on October 5, 2004, the Centers for Disease Control and Prevention announced the country's expected supply of influenza vaccine would be cut in half due to contamination at one of the two major vaccine manufacturers. By that afternoon, a segment of the Department of Health—drawn from Senior Administration, Communications, Surveillance, Disease Prevention, Family Health, Finance and the Laboratory—went into “emergency” mode, adopting the Incident Command System (ICS) to plan, produce and implement the Department's response.

The ICS team worked with an expert panel of physicians specializing in infectious disease, family practice, pediatrics, internal medicine and medical ethics to develop priority guidelines for distribution of vaccine. They also sent 27 different blast faxes to physicians, pharmacists, nursing homes and other health care providers to survey vaccine availability and keep them informed. Twelve news releases and innumerable media interviews updated the public several times a week. More than 8000 prevention posters (available in six languages) were sent to industries, commercial establishments and health care facilities. A child-oriented version of the poster was sent to schools.

Rapidly changing information on vaccine availability and the Rhode Island rumor network prompted more than 28,050 calls to HEALTH between October 6 and January 20. The Family Health Information Line expanded to become the Flu Vaccine Hot Line and moved to the large Health Policy Forum in the Cannon Building. A special call-in line and 20 phones purchased for a Bioterrorism emergency were activated and staffed by representatives from all divisions of HEALTH. Eventually, the team leaders hired four temporary staff to act as core information specialists. HEALTH staff joined them only during peak call-in periods. The Hot Line answered 2,084 calls on October 13th, the busiest day.

The response team adopted a policy of not announcing the arrival of additional flu vaccine until it arrived in the state, unlike some states who announced promised allotments. While the practice sometimes created a perception that Rhode Island wasn't receiving its share of vaccine, it prevented public disappointment--and even fear--when suppliers missed delivery dates or redirected doses to other states.

“The ICS infrastructure met our every need and I think we were all surprised how well the emergency team could operate within HEALTH while everyone else continued with their normal daily activities. Because every role is so completely defined, staff could join the ICS team, accomplish a task and slip out again without confusing the team's overall organization,” explained Director of Health Patricia A. Nolan, MD, MPH.

“ICS is accepted nationally as the method of planning, organization, and response during an emergency, including a public health emergency. Working within the ICS structure provided instant organization for the team and gave us an opportunity to

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And the most frequently asked questions were...

By the end of the first day of the announced influenza vaccine shortage, HEALTH's Family Health Information Line was swamped with phone calls. The next day, more information specialists were added, the hours were lengthened and the phones still rang constantly. Two days later, the ICS Team activated the 20-line Emergency Information Center in the Health Policy Forum. The Center, installed three years ago as part of the Department's bioterrorism preparedness plan, handled as many as 2,050 calls a day for the next six weeks.

Currently, the most frequently asked questions include:

Should I still get a flu shot?

The peak of the flu season could last until the end of March. It takes 10 days for the vaccine to build to "full power" within the body. If you still wish to get a flu shot, go to www.health.ri.gov/flu for the current flu clinic schedule.

I think I might have the flu. What should I do?

The symptoms of influenza include:

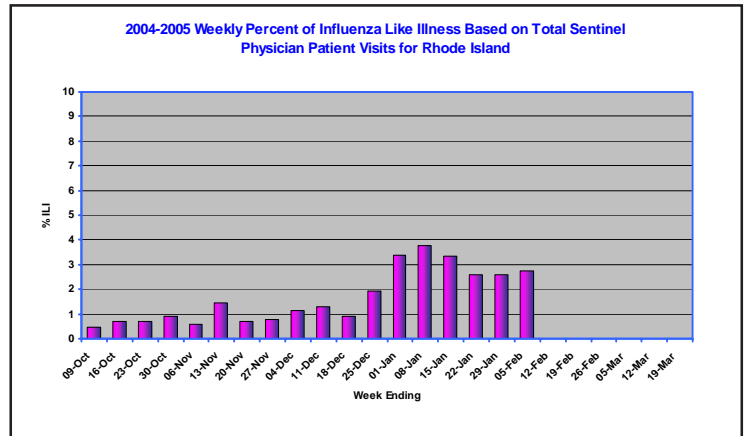
- severe (usually high) fever
- body aches
- headache
- tiredness (can be extreme)

Dry cough, sore throat and nasal congestion are also sometimes associated with the flu, but are

more often symptoms of a common cold.

If you think you are seriously ill, call your healthcare provider. Unless you have an emergency, avoid going to the emergency room.

Is there any flu in Rhode Island?



As of late January, influenza was considered "widespread" in Rhode Island and there have been several days of overcrowding in hospital emergency rooms. However, at the time of writing this, it seems as if this may be a relatively mild flu year for the state.

Why does a flu vaccine shortage keep happening?

The viruses that cause the flu change a little every year so the flu vaccine must change every year, making production a very expensive and lengthy process. Therefore, only a small number of manufacturers are willing to produce the flu vaccine. If something happens to the supply from one manufacturer, which is what happened this year, it affects the overall supply. The federal government is looking into this issue and trying to increase the number of influenza vaccine manufacturers.

For any additional flu-related questions you might have, please call the Family Health Information Line at 1-800-942-7434 or consult the Department of Health Web Site at www.healthri.gov or CDC's flu information at www.cdc.gov/flu/

The Public's HEALTH

The Rhode Island Department of Health

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*Safe and Healthy Lives in Safe
and Healthy Communities*



Information approved by the Rhode Island Department of Health and endorsed by:
American Academy of Pediatrics, Rhode Island Chapter; Ocean State Adult Immunization Coalition;
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Rhode Island Department of Health

OCTOBER 21, 2004

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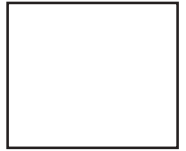


...a Gripe!

O que você poderá fazer para evitar que a gripe se espalhe.

Departamento de Saúde Island
(Iceland Social Department of Health)

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practice and test our emergency response process,” Dr. Nolan continued. “We maintained full ICS mode until the end of November, when vaccine supplies began to increase.”

Helen Drew (Legislative and Community Liaison) served as Incident Commander, with Laurie Petrone (Chief of Staff for Family Health) as Chief of Operations, and John Fulton, Ph.D (Associate Director for Disease Prevention and Control) as Chief of Planning.

The team developed priorities for its work: identify where and how much vaccine was in the state, bring together community experts to help guide the effort, ask businesses to donate influenza vaccine to the state for redistribution to people in the priority groups, encourage healthy individuals to step aside for others and direct health care providers to vaccinate those in the CDC priority groups.

CDC Influenza Vaccine Priorities in Early October

- all children aged 6-23 months
- adults 65 years or older
- persons between ages 2-64 with chronic underlying medical conditions
- all women who will be pregnant during influenza season
- residents of nursing homes and long-term care facilities
- children 6 months -18 years on chronic aspirin therapy
- health care workers with direct patient care
- out-of-home caregivers and household contacts of children aged under 6 months.

Corporate leaders CVS, Electric Boat and Tiffany Jewelry answered this appeal. Their generous response provided the state with a supply of influenza vaccine that enabled all emergency room staffs to be vaccinated. Meanwhile, the vaccine supply for children was adequate to reach the children in the priority groups.

As the supply dwindled, the department had to determine how to fairly distribute the modest supply of additional vaccine that was to come to the state. A group of medical ethicists was convened. They recommended and supported a change in the age limit for healthy seniors to 75 years. Those under 75 with most mild chronic ailments were deferred from the Rhode Island priority groups until additional supplies were assured.

Health care workers under age 50 were encouraged to take advantage of FluMist, a live attenuated nasal spray vaccine licensed only for healthy individuals between ages 5 and 49.

As vaccine supplies increased, community vaccination sites reopened in early December and shortly before Christmas, the sites accepted healthy adults aged 65 and older. Fortunately, the vaccine supply continued to increase and the Rhode Island-specific priorities were lifted. In early January, the age was dropped to 50 and FluMist was made available to anyone between the ages of 5 and 49. In early February, all restrictions for flu shots were lifted.

Flu cases began to increase in Rhode Island during the last week of December and reached “widespread” levels the second week of January when hospital emergency rooms reported a few days of busier than usual activity. Thus far, the infection is following its usual pattern in Rhode Island and should have peaked in early February.